2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000010613

1. Entity Name
SUNAGO ADVISORY GROUP, INC.

Principal Place of Business	Mailing Address
100 PARNELL STREET SUITE B MERRITT ISLAND, FL 32953	100 PARNELL STREET SUITE B MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2192313
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUNAGO CPA GROUP, PA
100 PARNELL STREET
SUITE B
MERRITT ISLAND, FL 32953

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000083[illegible]257
04/22/08-80045-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUNAGO CPA GROUP, PA
STREET ADDRESS	100 PARNELL STREET, SUITE B
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VP
NAME	HAYES, PETER J
STREET ADDRESS	100 PARNELL STREET, SUITE E
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VP
NAME	JOHNSON, DON
STREET ADDRESS	2023 N ATLANTIC #132
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	S
NAME	BIGGS, BRENDA L
STREET ADDRESS	2023 N ATLANTIC #132
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	T
NAME	BIGGS, BRIAN R
STREET ADDRESS	2023 N ATLANTIC #132
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Biggs Brenda Biggs 04/07/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #